



**STATE OF NEBRASKA**

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
REGULATION AND LICENSURE - Credentialing Division  
P.O. Box 94986, Lincoln, Nebraska 68509-4986  
402-471-2117

**Medical Nutrition Therapy  
APPLICATION FOR REVIEW OF A  
PUBLICATION  
CONTINUING EDUCATION PROGRAM**

<b>SECTION A - Name And Address:</b> (Please <u>print</u> your name and full address)		
First:	Middle:	Last:
Street/PO/Route:		
City:	State:	Zip

Date \_\_\_\_\_ Signature \_\_\_\_\_

Telephone Number: \_\_\_\_\_

<b>SECTION B – Publication Information</b>		
1	Name of referred and/or reviewed professional journal in which the publication is/will be published:	
2	Date of the publication:	
3	Is an examination utilized to ensure completion of the homestudy/video? <div style="text-align: right;">Answer Yes or No</div>	
	If not, what mechanism is utilized?	

Attach a copy of the cover page of the publication, and  
A copy of the abstract, if available; or  
A copy of the article or table of contents.

<b>FOR OFFICE USE ONLY - BOARD DETERMINATION</b>	
<input type="checkbox"/> Approved _____ hours credit <input type="checkbox"/> Denied, Reason: _____	
_____ (Signature of Reviewer)	_____ (Date)

SECTION D – List your qualifications	
Qualifications (List any education, experience and/or training that qualifies the individual to develop this continuing education program.)	Education:
	Experience:
	Training:

You may attach supporting documentation to supplement the information in this section. Examples include, but are not limited to, curriculum vita, resume or documentation of previous presentations pertaining to MEDICAL NUTRITION THERAPY.

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NOTE: This application may take 45 days to process from the date of receipt of this application. Please submit your application in a timely manner.

**Continuing education must relate to the definition of Medical Nutrition Therapy.**

Medical nutrition therapy means the assessment of the nutritional status of patients. It involves the assessment of patient nutritional status followed by treatment, ranging from diet modification to specialized nutrition support, such as determining nutrient needs for enteral and parenteral nutrition, and monitoring to evaluate patient response to such treatment.

*After* the Board has granted its *written approval* of the application, the provider is entitled to state upon its publications: This program is approved for \_\_\_\_\_(number) Nebraska Medical Nutrition Therapy continuing education hours.

In accordance with the division's records retention schedule, continuing education application materials will be disposed of after 30 days of the date of the approval letter.